



Atty. Dkt. No. 035879-0125

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Xianzhong YU, et al.
Title: LYTIC PEPTIDE PRODRUGS
Appl. No.: 09/938,623
Filing Date: 08/27/2001
Examiner: Karen A. Canella
Art Unit: 1643
Conf. No: 2349

SUPPLEMENTAL AMENDMENT TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a supplemental amendment in the above-identified application.

[X] Terminal Disclaimer for US Patent Application No. 11/131,443.

[X] Terminal Disclaimer for US Patent No. 7,094,750.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	57	-	60	=	0	x	\$50.00	=	\$0.00
Independent Claims:	4	-	4	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL								=	\$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$1,020.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$1,020.00
<input checked="" type="checkbox"/> Statutory Disclaimers Fees under 37 C.F.R. 1.20(d):	\$130.00	\$260.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,280.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$120.00
TOTAL FEE:		\$1,160.00

A credit card payment form in the amount of \$1,160.00 is enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date

January 11, 2007

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Respectfully submitted,

By


 Kristel Schorr
 Attorney for Applicant
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